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1/23/2006 MAHMED2 00000103 502341 10064495				transmitted to the USPTO (571) 273-2885, on the date indicated below. (Depositor's name)		
				Judith A. Rowe		
FC:1501 1400.00 DA				math 10 force (Signature)		
2 FC:1504 300.00 DA				1-1 3 -06 (Date)		
APPLICATION NO.	FILING DATE FIRST NAMED			INTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
	1,12,110			rav	08CE7421-1	4852
10/064,495 07/22/2002 Milefull C. Mailly						
TITLE OF INVENTION: ANTISTATIC FLAME RETARDANT RESIN COMPOSITION AND METHODS FOR MANUFACTURE THEREOF						
					TOTAL PER(S) DUE	DATE DUE
APPLN. TYPE	SMALL ENTITY	ISSUE FE	E	PUBLICATION FEE	TOTAL FEE(S) DUE	01/20/2006
nonprovisional	МО	NO \$1400		\$300	\$1700 01/20/2006	
EXAMINER A		ART UN	iT .	CLASS-SUBCLASS	}	
VIJAYAKUMAR, KA	LLAMBELLA M	1751		252-511000		
1. Change of correspondence	address or indication of "F	ee Address" (37		n the patent front page, li		
CFR 1.363).			(1) the names o	f up to 3 registered pater	nt attorneys l	
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. The Address indication (or "Fee Address" Indication form			or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is 3			
2 ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)						
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.						
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)						
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🚨 Corporation or other private group entity 🚨 Government						
4a. The following fee(s) are enclosed: 4b. Payment of Fee(s):						
Issue Fee A check in the amount of the fee(s) is enclosed.						
Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpayment, Deposit Account Number 50-2341 (enclose an extra copy of this form).						
Advance Order - # of	Copies		Deposit Account	is hereby authorized by of Number <u>50-2341</u>	enarge the required fee(s), of	copy of this form).
5. Change in Entity Status (from status indicated abov	e)				
a Applicant claims SM	ALL ENTITY status, See	37 CFR 1.27.	b. Applicant is	no longer claiming SMA	ALL ENTITY status. See 37 (CFR 1.27(g)(2).
The Director of the USPTO is NOTE: The Issue Fee and Pu interest as shown by the record	s requested to apply the Iss blication Fee (if required) rds of the United States Pa	ue Fee and Publica will not be accepte tent and Trademark	tion Fee (if any) or d from anyone othe : Office.	to re-apply any previous r than the applicant; a reg	ly paid issue fee to the applic gistered attorney or agent; or	cation identified above. the assignee or other party in
Authorized Signature	Theoan m	L_		Date	1,8106	
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